Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, December 6, 2012
Meeting Minutes

DUR Board Members: G. Cordts, K. Fink, P. Kahn, L. Moricle, E. Munch, K. O'Reilly, N. Sheth Pandit, B. Trentler, W. VanWie
Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, P. Holly, D. Klein, D. Shah, M. Shook, A. Taylor
Xerox: K. Farrakhan, J. Lafranchise
Health Information Designs, Inc. (HID) J. Paradis, J. Walker
Bishop House of Annapolis (Minutes): K. Holland
Magellan: M. Lennertz

Introductions
Members of the DUR Board introduced themselves. Matthew Lennertz is the new Clinical Project Manager for Magellan. Also, John Lafranchise was introduced as the Xerox Account Manager.

Approval of Minutes
Minutes of the September 6, 2012 DUR Board meeting were approved with no changes.

<u>Maryland Medicaid Pharmacy Program</u>

Action Items from September
Action Items 1 and 2 (develop list of drugs that interact with citalopram and increase risk of QTc elevation and non-adherence to antipsychotic therapy) will be discussed under Retrospective DUR Analysis later in this meeting.

Action Item 3 (report on numbers of providers signed up to receive electronic copies of newsletters and advisories). At this time only approximately 60 providers have signed up to receive electronic copies of the newsletter. Further outreach will be made to promote the availability of the online newsletter.

Action Item 4 (send list of which chain pharmacies were mailed DUR letters to local chain contacts). Chains will continue to be contacted each month in an effort to improve DUR letter response rates from pharmacies.

Action Item 5 (develop a hard edit that can be overridden by the pharmacist for the interaction of clonazepam and any other benzodiazepine). Upgrades to the Xerox point of service system are scheduled to be completed in January or February. Until system upgrades are completed, no modifications can be made.

Action Item 6 (continue outreach efforts to pharmacies to ensure that underuse of antiretroviral criteria does not result in patients leaving pharmacy without medication). M. Shook reported that all pharmacies with issues with the hard edit have been contacted and outreach will continue if needed.

New Business

It was reported that based on information from the DHMH Secretary's Office, a change will soon be made in the process of selecting Pharmaceutical and Therapeutics (P&T) Committee and Drug Use Review (DUR) Board members. A uniform application, review and approval process will be enacted that is currently followed by all other State Boards, Committees and Commissions which are made up of individuals appointed by the Secretary. The new forms will be provided to prospective applicants. After forms are completed, they will be reviewed by MMPP. An interview and vetting process will also take place. Recommendations for nominations will then be sent to the Secretary of DHMH for approval and appointment. Various professional organizations, such as the Maryland Pharmacists Association and MedChi, will be notified when openings occur. Board members requested that notifications be placed in publications such as the Maryland Psychiatric Society newsletter. On both the DUR Board and the P&T Committee, once a member has completed his or her first term, renewal will not be automatic and the member will need to reapply for a second term. Board members were asked to consider recommending colleagues who they felt would be strong candidates to serve on the DUR Board or P&T Committee.

Tier Two Non-Preferred Antipsychotics

The process of approval of non-preferred or tier two antipsychotics was reviewed. Clinical criteria are now in place for the approval of these agents. Prescribers may call or fax in the prior authorization form. It is expected that the prior authorization process will take no more than 24 hours. However, if needed patients can receive up to a 30 day emergency supply of non-preferred or tier 2 antipsychotics while awaiting their prescriber to submit a request for prior authorization. Patients already on a tier two or non-preferred antipsychotic are grandfathered and may continue on these agents. In addition, all claims for antipsychotics in children under the age of 10 now require prior authorization.

A short PowerPoint presentation is being assembled on the program and there is an outreach to ensure that providers are aware of the program. The program will be presented to group practices, pharmacies and other mental health providers.

Board members commented that the form was a bit confusing to complete. MMPP noted they are developing a new form that could be used for both the authorization of tier 2 and non-preferred drugs, as well as the authorization for antipsychotics for children under age 10. The Board was asked to communicate with MMPP on other issues that may help improve this and other programs and offered to share the power point presentation with them.

Xerox

During a review of the third quarter report, it was noted that there has been an increase in the number of requests for Cymbalta®. Board members noted that this drug is now being heavily advertised on television, which could explain the increase. Use of other drugs has been consistent with previous quarters. The top two therapeutic duplications were anticonvulsants and antipsychotics. Of the top 20 early refills, antidepressants represented 33%, clonazepam 16% and anti-anxiety medications 31%. Of

drug-drug interactions, 48% represented alerts for SSRIs. The most frequent conflict intervention outcome was MO (consulted prescriber). It was pointed out that there was a slight decrease in call center volume as compared to the previous quarter.

Health Information Designs, Inc.
Retrospective intervention letters for non-adherence to antipsychotic therapy were sent to 505 prescribers. Of the 18% response letters received, the top response was that the prescriber tried to modify therapy and that the patient was non-cooperative.

Several months ago letters were sent to prescribers regarding citalopram drug interactions and the use of doses of citalopram greater than 40mg. A response rate of about 20% was achieved from sending the DUR letters. There was discussion at previous meetings to modify the proDUR system to create hard edits (that would require an override by the pharmacist) for some of these more clinically significant drug interactions. Board members commented that with a new prescription, a hard edit would give the pharmacist the alert and allow the patient to be counseled and then to override the alert. Based on the experience with the non-adherence alerts for the antiretroviral agents, it was found that some patients actually left the pharmacy without medication. This situation has been resolved.

Implementation of any new hard edits alerts would require up front pharmacy education. Currently drug-drug interaction alerts post and pay and occur for concurrent usage of the drugs in question and these alerts cannot be modified at this time due to ongoing upgrades to the Point of Sale (POS) system. Xerox indicated that future edits could be designed as hard edits for the initial prescription and then post and pay for refills. However, system changes cannot be made at this time until the system is upgraded. These issues will be brought up again in future meetings after the POS system is upgraded

The issue of doses greater than 40mg of citalopram was discussed. General high dose alerts are currently set at 200% of highest FDA recommended dose. It was noted that if the FDA sets a specific high dose, the system could be modified for that particular drug (e.g., citalopram, greater than 40mg). As a point of information, it was mentioned that First Data Bank is the source of drug information on the Xerox system. Discussion was held as to whether the prescriber or the pharmacist should have the responsibility to override an alert such as one for citalopram over 40mg. Based on the operation of the current claims processing system, if a high dose alert of greater than 40mg were to be implemented, the alert could be overridden by the pharmacist. However, if a quantity limit were put into place for no more than 30 of the 40mg tablets per month, the prescriber would need to obtain prior authorization. The Board agreed that on new prescriptions, the pharmacists should receive a quantity limit alert; the prescriber should then be notified and he or she must call Xerox for the override. There was some discussion regarding patients new to Medicaid if they had already been stabilized on the higher doses. Board members also asked how the system would flag claims for both the 40mg and 20mg doses. Xerox noted that these alerts for two different strength of the same drug would be flagged by current therapeutic duplication alerts which can be overridden by the pharmacist. Xerox will determine how these alerts can be modified in the system after upgrades to the system are made in February. HID will also develop a list of other drugs where specific warnings are in the product labeling regarding doses that FDA has regarded as potentially unsafe.

New Business

DUR meetings in 2013 will be held the first Thursdays of March, June, September and December. The exact dates will be posted on the website and an email will be sent. There being no further business, the meeting was adjourned at 10:30 a.m.